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107TH CONGRESS
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H. R. 5482

To prevent and cure diabetes and to promote and improve the care of individuals with diabetes for the reduction of health disparities within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American and Pacific Islander, and American Indian and Alaskan Native communities.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2002

Ms. DEGETTE (for herself, Mr. NETHERCUTT, Mr. BONILLA, Mrs. CHRISTENSEN, Mr. REYES, Ms. MILLENDER-MCDONALD, Mr. HAYWORTH, Mr. RODRIGUEZ, Mr. UNDERWOOD, Mr. JACKSON of Illinois, Mr. WELDON of Pennsylvania, Mr. LEWIS of Georgia, Mr. GREEN of Texas, Ms. NORTON, and Mr. HINOJOSA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To prevent and cure diabetes and to promote and improve the care of individuals with diabetes for the reduction of health disparities within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American and Pacific Islander, and American Indian and Alaskan Native communities.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Diabetes Prevention Access and Care Act''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Hispanic Americans, African-Americans, Asian Americans and Pacific Islanders, and American Indians and Alaskan Native populations suffer from the highest incidence of diabetes and from the highest rates of diabetes complications, and these rates are steadily increasing to epidemic proportions.

(2) Within the United States, diabetes increased from 6.9 percent to 7.3 percent during the period 1999 to 2000, affecting every age group and socioeconomic level.

(3) Type 2 diabetes accounts for 90 to 95 percent of diagnosed diabetes cases among these populations.

(4) Another 16,000,000 individuals in the United States have a condition known as ''pre-diabetes,'' or Impaired Glucose Tolerance (IGT). Unless treated, pre-diabetes dramatically increases the risk for developing type 2 diabetes and increases the risk of heart disease by nearly 50 percent. As with diabetes, this condition also disproportionately affects minority populations.

(5) Physical inactivity and obesity are the main contributing risk factors to the rising numbers of diabetes cases within these racial and ethnic minority populations.

(6) Critical facets of daily living that can contribute to diabetes risk can be modified including poor diet, lack of recess and physical education for children, specific eating habits for families and adults that may be culturally indicative to the minority group, and psychological factors that may interfere with proper meal planning and dietary education.

(7) For certain socioeconomic groups, unhealthy food is the only nutritional source available within the community, such as fast food in poor areas. Additionally, there are limited options for physical activity within certain neighborhoods, communities, or geographical areas.

(8) Type 2 diabetes is also being increasingly diagnosed in adolescents in high numbers within these populations. This is partly due to nonnutritional diets and a lack of physical activity.

(9) The most effective prevention and control strategies include: increased physical activity, im-

proved nutrition, quality diabetes care, and improved self-management practice.

(10) Multiple acute and chronic complications result from poor diabetes diagnosis, care, and management. There is a need for prevention strategies and measures in order to educate individuals about diabetes and its complications, and to decrease current numbers within these populations.

(11) Recent discoveries regarding disparities in health care among these populations have identified a need for culturally sensitive modes of treatment that are conducive to the lifestyle of the patient: Patients and consumers should be guaranteed effective, understandable, and respectful care that is provided in a manner that properly addresses their cultural health beliefs, practices, and preferred language.

(12) Effective communication, cultural conflict resolution, and cultural differences on health promotion and disease prevention should be addressed.

TITLE I—RESEARCH

SEC. 101. RESEARCH.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by inserting after section 399N the following section:

"SEC. 399O. DIABETES; MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH.

''(a) NATIONAL INSTITUTES OF HEALTH.—

''(1) IN GENERAL.—The Director of the National Institutes of Health shall expand, intensify, conduct, coordinate, and support research and other activities with respect to pre-diabetes and diabetes, particularly type 2, in minority populations, including research to identify clinical, socioeconomic, geographical, cultural, and organizational factors that contribute to type 2 diabetes in such populations.

''(2) CERTAIN ACTIVITIES.—Activities under paragraph (1) regarding type 2 diabetes in minority populations shall include the following:

''(A) Research on behavior and obesity, including research through the obesity research center that is sponsored by the National Institutes of Health.

''(B) Research on the causes and effects of health care access disparities and racial discrimination, including research to identify the following:

''(i) Linguistic difficulties and language barriers of diabetes diagnosis, treatment, and care within these populations.

''(ii) Environmental barriers in accessing transportation to health centers and health care providers.

''(iii) Financial difficulties of health care financing and delivery to receive treatment.

''(iv) Diabetes care and treatment discrimination against individuals with diabetes in prisons, the workplace, and schools.

''(v) The manner in which racial stereotypes evolve, persist, shape expectations, and affect interpersonal interactions with diabetes diagnosis, treatment, and education.

''(vi) The manner in which patient and provider relationships can be strengthened by greater diversity in the health professions for diabetes care.

''(C) Research on environmental factors that may contribute to the increase in type 2 diabetes, which shall be conducted or supported through the National Institute of Environmental Health Sciences and the National Human Genome Research Institute.

''(D) Support for new methods to identify environmental triggers and genetic interactions that lead to the development of type 1 and type 2 diabetes in minority newborns with a high genetic susceptibility to the disease. Such research should follow the newborns through puberty, which is a high-risk period for developing type 1 diabetes, and—increasingly—type 2 diabetes.

''(E) Research to identify genes that predispose individuals to the onset of developing type 1 and type 2 diabetes and to develop complications with the goal of developing improved prevention and treatment strategies.

''(F) Research to prevent complications in individuals who have already developed diabetes, such as attempting to identify the genes that predispose individuals with diabetes to the development of complications, as well as methods and alternative therapies to control blood glucose.

''(G) The support of ongoing research efforts examining the level of glycemia at which adverse outcomes develop during pregnancy and to address the many clinical issues associated

with minority mothers and fetuses during diabetic and gestational diabetic pregnancies.

''(b) CENTERS FOR DISEASE CONTROL AND PREVENTION.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct and support research and other activities with respect to diabetes in minority populations.

''(2) CERTAIN ACTIVITIES.—Activities under paragraph (1) regarding diabetes in minority populations shall include the following:

''(A) Expanding the National Diabetes Laboratory for translational research, and the identification of genetic and immunological risk factors associated with diabetes.

''(B) Enhancing the National Health and Nutrition Examination Survey on eating and dietary habits, with a focus, including cultural and socioeconomic factors, on Hispanic American, African-American, American Indian and Alaskan Native, and Asian American and Pacific Islander communities.

''(C) Establishing and implementing model demonstration projects to design, implement,

and evaluate effective diabetes prevention and control interventions.

''(D) Increased funding for the Translating Research Into Action for Diabetes study to conduct interventions for improving the quality of diabetes care received by these populations in managed care settings.

''(E) Prevention research within the Division of Diabetes Translation to better understand how to influence healthcare systems changes to improve quality of care being delivered to such populations.

''(F) Within the Division of Diabetes Translation, carrying out model demonstration projects to design, implement, and evaluate effective diabetes prevention and control intervention for these populations.

''(G) Carrying out culturally appropriate community-based interventions within the Division of Diabetes Translation designed to address issues and problems experienced by these populations.

''(H) Conducting applied research within the Division of Diabetes Translation on health systems, community, and communication inter-

ventions to reduce those barriers of discrimination, and reduce health disparities within these populations with diabetes.

''(I) Conducting applied research on primary prevention within the Division of Diabetes Translation to reduce those barriers within various arenas of discrimination, and reduce diabetes-related health disparities within these populations with diabetes.

''(c) ADDITIONAL PROGRAMS.—

''(1) IN GENERAL.—In addition to activities under subsections (a) and (b), the Secretary shall conduct and support research and other activities with respect to diabetes within minority populations.

''(2) CERTAIN ACTIVITIES.—Activities under paragraph (1) regarding diabetes in minority populations shall include the following:

''(A) Through the National Institutes of Health and the Centers for Disease Control and Prevention, identifying culturally sensitive approaches to research, including the clinical, cultural, socioeconomic, and organizational factors that contribute to high levels of diabetes within such populations.

"(B) Expanding the National Diabetes Education Program.

"(C) Through the National Center on Minority Health and Health Disparities, the Office of Minority Health under section 1707, the Health Resources and Service Administration, the Centers for Disease Control and Prevention, and the Indian Health Service, establishing partnerships within minority populations to conduct studies on cultural, familial, and social factors that may influence health promotion, diabetes management, and prevention.

"(D) Through the Indian Health Service, in collaboration with other appropriate Federal agencies, conducting research on ethnic and culturally appropriate diabetes treatment, care, prevention, and services by health care professionals to the American Indian population.

"(d) DEFINITION.—For purposes of this section, the term 'minority populations' means racial and ethnic minority groups within the meaning of section 1707.

"(e) AUTHORIZATION OF APPROPRIATIONS.—

"(1) NATIONAL INSTITUTES OF HEALTH.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be

necessary for fiscal year 2003 and each subsequent fiscal year.

''(2) CENTERS FOR DISEASE CONTROL AND PREVENTION.—For the purpose of carrying out subsection (b), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.

''(3) ADDITIONAL PROGRAMS.—For the purpose of carrying out subsection (c), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.''.

SEC. 102. DIABETES MELLITUS INTERAGENCY COORDINATING COMMITTEE.

Section 429 of the Public Health Service Act (42 U.S.C. 285c–3) is amended by adding at the end the following subsection:

''(d)(1) In addition to other duties established in this section for the Diabetes Mellitus Interagency Coordinating Committee, such Committee shall—

''(A) assess the current activities of all current Federal health programs to determine their adequacy as a systemic method of addressing the impact of diabetes mellitus on minority populations;

''(B) undertake strategic planning activities to develop an effective and comprehensive Federal plan to address diabetes mellitus within communities of color which will involve all appropriate Federal health programs; and

''(C) conduct the implementation of such a plan throughout all Federal health programs.

''(2) The Federal plan under paragraph (1)(B) shall—

''(A) include steps to address issues including, but not limited to, type 1 and type 2 diabetes in children and the disproportionate impact of diabetes mellitus on minority populations; and

''(B) remain consistent with the programs and activities identified in sections 399O through 399R, as well as remaining consistent with the intent of the Diabetes Prevention Access and Care Act.

''(3) For purposes of this subsection, the term 'minority populations' means racial and ethnic minority groups within the meaning of section 1707.

''(4) For the purpose of carrying out this subsection, there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.''.

TITLE II—TREATMENT

SEC. 201. TREATMENT.

Part P of title III of the Public Health Service Act, as amended by section 101 of this Act, is amended by inserting after section 399O the following section:

"SEC. 399P. DIABETES; TREATMENT FOR MINORITY POPULATIONS.

''(a) IN GENERAL.—The Secretary shall conduct and support programs to treat diabetes in minority populations.

''(b) NATIONAL INSTITUTES OF HEALTH.—With respect to the National Institutes of Health, activities under subsection (a) regarding the treatment of diabetes in minority populations shall include the following:

''(1) Through the National Institute of Mental Health, providing for comprehensive mental health services and treatment for individuals within such populations who experience mental barriers to proper diabetes care.

''(2) Through the National Center on Minority Health and Health Disparities, recommending and disseminating the guidelines of the American Diabetes Association for nutrition exercise and diet for diabetes treatment and prevention.

''(c) OTHER AGENCIES.—Activities under subsection (a) regarding the treatment of diabetes in minority populations shall include the following:

''(1) Through the Substance Abuse and Mental Health Services Administration and the National Institute of Mental Health, providing for comprehensive mental health services and treatment for minorities who experience mental barriers to proper diabetes care.

''(2) Promoting early detection as a cost-saving mechanism, including making grants to community health centers and clinics to specifically treat type 2 diabetes and complications, including eye disease, kidney failure, heart disease and stroke, nerve damage, and limb amputations.

''(3) Through the Health Resources and Services Administration and the Centers for Disease Control and Prevention, carrying out a collaborative program to encourage preventive care. Such program shall not be limited to primary prevention, and shall include secondary and tertiary prevention. Such program shall include the award of grants to community health centers and clinics to specifically treat diabetes, with an emphasis on type 2 diabetes, and diabetic complications, including eye disease, kidney

failure, heart disease and stroke, nerve damage, and limb amputation.

''(d) DEFINITION.—For purposes of this section, the term 'minority populations' means racial and ethnic minority groups within the meaning of section 1707.

''(e) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—For the purpose of carrying out subsections (a) and (c), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.

''(2) NATIONAL INSTITUTES OF HEALTH.—For the purpose of carrying out subsection (b), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.''.

TITLE III—EDUCATION

SEC. 301. EDUCATION.

Part P of title III of the Public Health Service Act, as amended by section 201 of this Act, is amended by inserting after section 399P the following section:

"SEC. 399Q. DIABETES; EDUCATION REGARDING MINORITY POPULATIONS.

"(a) IN GENERAL.—The Secretary shall conduct and support programs to educate the public on the causes of effects of diabetes in minority populations.

"(b) NATIONAL INSTITUTES OF HEALTH.—With respect to the National Institutes of Health, activities under subsection (a) regarding education on diabetes in minority populations shall include the following:

"(1) Through the National Center on Minority Health and Health Disparities—

"(A) making grants to programs funded under section 485F (relating to centers of excellence) for the purpose of establishing a mentoring program for health care professionals to be more involved in weight counseling, obesity research, and nutrition;

"(B) providing for the participation of minority health professionals in diabetes-focused research programs; and

"(C) providing for the participation of minority health professionals in diabetes-focused research programs.

"(2) Making grants for programs to establish a pipeline from high school to professional school that will increase minority representation in diabetes-fo-

cused health fields by expanding Minority Access to Research Careers (MARC) program internships and mentoring opportunities for recruitment.

''(c) CENTERS FOR DISEASE CONTROL AND PREVENTION.—With respect to the Centers for Disease Control and Prevention, activities under subsection (a) regarding education on diabetes in minority populations shall include the following:

''(1) Making grants for diabetes-focused education classes or training programs on cultural sensitivity and patient care within such populations for health care providers.

''(2) Carrying out public awareness campaigns directed toward such populations to aggressively emphasize the importance and impact of physical activity and diet in regard to diabetes and diabetes-related complications.

''(d) HEALTH RESOURCES AND SERVICES ADMINISTRATION.—With respect to the Health Resources and Services Administration, activities under subsection (a) regarding education on diabetes in minority populations shall include the following:

''(1) Providing additional funds for the Health Careers Opportunity Program, Centers for Excellence, and the Minority Faculty Fellowship Program

to partner with the Office of Minority Health under section 1707 and the National Institutes of Health to strengthen programs for career opportunities within minority populations focused on diabetes treatment and care.

''(2) In partnership with the Health Resources and Services Administration, develop a diabetes focus within, and provide additional funds for, the National Health Service Corps Scholarship program to place individuals in areas that are disproportionately affected by diabetes, to provide health care services.

''(3) Establishing a diabetes ambassador program for recruitment efforts to increase the number of underrepresented minorities currently serving in student, faculty, or administrative positions in institutions of higher learning, hospitals, and community health centers.

''(4) Establishing a loan repayment program that focuses on diabetes care and prevention.

''(e) ADDITIONAL PROGRAMS.—Activities under subsection (a) regarding education on diabetes in minority populations shall include the following:

''(1) Through collaboration between the Health Resources and Services Administration and the In-

dian Health Service, establishing a joint scholarship and loan-repayment program for American Indians health profession students.

''(2) Providing funds for new and existing diabetes-focused education grants and programs for present and future students and clinicians in the medical field from minority populations, including the following:

''(A) Federal and State loan repayment programs for health profession students within communities of color.

''(B) Providing funds to the Office of Minority Health under section 1707 for training health profession students to focus on diabetes within such populations.

''(C) Providing funds to State and local entities to establish diabetes awareness week or day every month in schools, nursing homes, and colleges through partnerships with the Office of Minority Health under section 1707 and the Health Resources and Services Administration.

''(f) DEFINITION.—For purposes of this section, the term 'minority populations' means racial and ethnic minority groups within the meaning of section 1707.

''(g) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—For the purpose of carrying out subsections (a) and (e), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.

''(2) NATIONAL INSTITUTES OF HEALTH.—For the purpose of carrying out subsection (b), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.

''(3) CENTERS FOR DISEASE CONTROL AND PREVENTION.—For the purpose of carrying out subsection (c), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.

''(4) HEALTH RESOURCES AND SERVICES ADMINISTRATION.—For the purpose of carrying out subsection (c), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.''.

TITLE IV—HEALTH PROMOTION, PREVENTION ACTIVITIES, AND ACCESS

SEC. 401. HEALTH PROMOTION, PREVENTION ACTIVITIES, AND ACCESS.

Part P of title III of the Public Health Service Act, as amended by section 301 of this Act, is amended by inserting after section 399Q the following section:

"SEC. 399R. DIABETES; HEALTH PROMOTION, PREVENTION ACTIVITIES, AND ACCESS REGARDING MINORITY POPULATIONS.

''(a) NATIONAL INSTITUTES OF HEALTH.

''(1) IN GENERAL.—The Secretary, acting through the Director of the National Institutes of Health, shall provide access to proper care of diabetes for minority populations.

''(2) CERTAIN ACTIVITIES.—Activities under paragraph (1) regarding proper care of diabetes in minority populations shall include the following:

''(A) Providing funds for research to assess and identify the number of individuals affected by socioeconomic and environmental barriers to diabetes health care access, including research regarding language, transportation, daily routine, lifestyle, and housing.

''(B) Through the National Center on Minority Health and Health Disparities, identifying the manner in which health care providers, community health centers, and hospitals provide proper options and education on available services for diabetes care, management, and prevention, including identifying the effects of differences in the cultures of staff and patients on clinical and other workforce encounters.

''(b) CENTERS FOR DISEASE CONTROL AND PREVENTION.

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out culturally appropriate diabetes health promotion and prevention programs for minority populations.

''(2) CERTAIN ACTIVITIES.—Activities under paragraph (1) regarding culturally appropriate diabetes health promotion and prevention programs for minority populations shall include the following:

''(A) Expanding the Diabetes Control Program (currently existing in all the States and territories).

''(B) Providing funds for the Diabetes Today program to adapt community planning tools within such populations.

''(C) Providing funds for Racial and Ethnic Approaches to Community Health (REACH 2010) grants to develop and evaluate diabetes prevention and control community programs focused on such populations.

''(D) Providing funds to community health centers for a monthly diabetes week program of diabetes services, including screenings.

''(E) Providing funds for free diabetes self-management education classes in hospitals, clinics, and community health centers.

''(F) Providing funds for education and community outreach on diabetes.

''(G) Providing funds for the United States and Mexico Border Diabetes project to develop culturally appropriate diabetes prevention and control interventions for Minority populations in the border region.

''(H) Providing funds for an aggressive prevention campaign that focuses on physical inactivity and diet and its relation to type 2 diabetes within such populations.

''(I) Providing funds for surveillance systems and strategies for strengthening existing systems to improve the quality, accuracy, and timelines of morbidity and mortality diabetes data for such populations.

''(c) DEFINITION.—For purposes of this section, the term 'minority populations' means racial and ethnic minority groups within the meaning of section 1707.

''(d) AUTHORIZATION OF APPROPRIATIONS.—

''(1) NATIONAL INSTITUTES OF HEALTH.—For the purpose of carrying out subsection (b), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.

''(2) CENTERS FOR DISEASE CONTROL AND PREVENTION.—For the purpose of carrying out subsection (c), there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.''.

TITLE V—ADDITIONAL PROGRAMS

SEC. 501. ADDITIONAL PROGRAMS.

(a) EDUCATION REGARDING CLINICAL TRIALS.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall carry out education

and awareness programs designed to increase participation of minority populations in clinical trials.

(b) MINORITY RESEARCHERS.—The Secretary shall carry out mentorship programs for minority researchers who are conducting or intend to conduct research on diabetes in minority populations.

(c) SUPPLEMENTING CLINICAL RESEARCH REGARDING CHILDREN.—The Secretary shall make grants to supplement clinical research programs to assist such programs in obtaining the services of health professionals and other resources to provide specialized care for children with type 1 and type 2 diabetes.

(d) DEFINITION.—For purposes of this section, the term ''minority populations'' means racial and ethnic minority groups within the meaning of section 1707 of the Public Health Service Act.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for fiscal year 2003 and each subsequent fiscal year.

TITLE VI—STUDIES

SEC. 601. STUDIES.

(a) INSTITUTE OF MEDICINE.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall request the Institute of Medicine

to conduct a study to determine the extent and impact of the shortage of adult and pediatric endocrinologists specializing in diabetes, and to submit a report describing the findings of the study to the Secretary, to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Health, Education, Labor, and Pensions of the Senate. The Secretary shall ensure that the report includes recommendations on changes in Federal policies that would increase the number of adult and pediatric endocrinologists specializing in diabetes.

(b) AGENCY FOR HEALTHCARE RESEARCH AND QUALITY.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall conduct a study to determine whether minority children with diabetes have better or worse outcomes than non-minority children. The study shall include a determination of the extent to which minority children have access to and participate in disease management programs, and have access to and use medical devices such as continuous glucose monitoring systems, insulin pumps, and artificial pancreas.

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